

C 4682
CUMBERLAND COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

KENNETH FRASER

M.D. FR.S.E., D.P.H., D.T.M.

ON THE

MEDICAL INSPECTION OF
SCHOOL CHILDREN

FOR THE YEAR ENDED

DECEMBER 31st, 1951

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CUMBERLAND COUNTY COUNCIL

County Health Department,
11, Portland Square,
Carlisle.
March, 1952.

*To the Chairman and Members of the Education
Committee.*

Mr. Chairman, My Lord, Ladies and Gentlemen,

I beg to present the Annual Report on the Medical Inspection and Treatment of School Children for the year ended 31st December, 1951.

This report is, as usual, quite short, but I think it provides the necessary information. The work of the school health service continues smoothly on long-established lines, and there is not much to write about any important change or development. This does not mean that the work of the school health service is unimportant; on the contrary, I would regard the work of the school health service since its inception, and as it continues today, as one of the most important factors in the public health orbit.

STATISTICS

The statistical returns of the work undertaken are set out in the appropriate parts of this report. The volume of the work undertaken, (except in the dental section), and the statistics in general show no substantial variations from the previous year which call for comment.

STAFFING

The position has improved a little during the year. A vacancy occurred in our assistant medical staff, which we were fortunately able to fill very satisfactorily. The staff has been strengthened by the appointment of an additional orthopaedic physiotherapist for work among our cripple children, and of an additional speech therapist.

It has still, unfortunately, not been possible as a result of advertisements to obtain any applications for the vacant post of orthoptist. An orthoptist is a person who deals with the correction of squint at a very early age, by what in effect is physiotherapy. A glance at the statistics will

show the need for such an appointment, because we have some hundreds of children in the county suffering from squint in one form or another, and the prospect in these cases, unless they receive early and appropriate treatment, is not good. The risks are, (a) that the squinting eye will cease to be a useful eye, and (b) that the person is left with an unsightly disability which, in addition, is an undoubted handicap in adult life. The consulting eye specialists are most anxious for the services of a trained orthoptist, but unfortunately we have not yet been able to attract one.

During the year the most serious staffing position has arisen in the dental section. The Senior Dental Officer has commented on this later in this report. Most unfortunately, since the close of the year the dental services have received another most serious blow. Mr. Hopkin, who has for a number of years been carrying out orthodontic work in Cumberland, has resigned to take up a lectureship appointment at Edinburgh University. He has been dealing with an average of something like 300 children a year, and this means that this most important work now comes to a stop. "Orthodontics," in plain English, means the correction of dental deformities. These are, from the point of view of the individual, of great importance, and are responsible for the development of inferiority complexes, which, as in the case of squint, are a definite handicap in the industrial field. I see no prospect of any immediate solution of the problem, but, in another capacity, I have brought the matter to the notice of the Special Area Committee, who, I hope before too long, will see their way to appoint an orthodontist to the area, whose services would, I hope, be in part available for our county children.

CHILD GUIDANCE

This important service is developing, and since the turn of the year we have opened a new child guidance centre in Millom, under the medical directorship of Dr. Ferguson.

B.C.G. VACCINATION

This matter, which is really more properly one for comment in the annual report on the health services, progresses slowly. This is unavoidable, because at the

moment the classes of the community for whom B.C.G. vaccination against tuberculosis is available are very limited. We all know, of course, that no final assessment of the value of B.C.G. vaccination in the campaign against tuberculosis can yet be made. Existing views differ somewhat, but I believe that before very long the scope of this work will be much extended, and perhaps we may reach the position already attained in certain Scandinavian countries, where practically every child is vaccinated with B.C.G. at an early age. I have long felt that this is work in the carrying out of which, in due course, our own medical staff will be able to play an important part.

CHILDREN'S SUNSHINE HOME, ALLONBY

This Home continues to be very useful to us. The Home takes children of the ages between 4 and 11 years who are in need, possibly after some illness, of a short period of convalescence—2 to 4 weeks. During the year, 254 children had short periods of residence in the Home from the area of the administrative county. The normal procedure is for the children to be selected by the school medical officers on medical grounds.

DIPHTHERIA IMMUNISATION

The number of children of school age immunised during the year was 531. In addition, 3,036 children were given reinforcing injections. This matter will call for some comment in the report on the health services.

I am,

Your obedient Servant,

KENNETH FRASER,

School Medical Officer

General Statistics.

Estimated population of Administrative	
County	217,453
Number of pupils on school registers	32,135

The number of schools in the County in January, 1951, was as follows :—

Primary (including Departments) ...	260
Secondary Modern	11
Secondary Grammar and High ...	12
Secondary Technical	1
Nursery	1

Medical Inspection.

Children attending maintained Primary, Secondary and Grammar Schools were examined as under:—

Routine inspections by age groups :

Entrants	3,325
Second Age Group	2,871
Third Age Group	2,479
	8,675

Special inspections and re-inspec-

tions	18,867
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Total examinations ...	27,542
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As previously, children were examined at approximately 8 years of age for sight-testing, and an additional examination of children at 13 years of age attending Grammar Schools was also carried out.

TABLE A

SUMMARY OF DEFECTS FOUND AND REFERRED FOR
TREATMENT

1 & 2.	Uncleanliness	...	...	...	...	1,780
4.	Skin Diseases	...	...	...	...	1,162
5.	Eyes—					
	(a) Vision	...	...	...	...	1,445
	(b) Squint	...	...	...	...	284
	(c) Other	...	...	...	...	451
6.	Ears—					
	(a) Hearing	...	...	...	...	76
	(b) Otitis Media	...	...	...	...	191
	(c) Other	...	...	...	...	129
7.	Nose and Throat ..	...	...	...	...	874
8.	Speech	...	...	...	...	81
9.	Cervical Glands	...	...	...	...	70
10.	Heart and Circulation	...	...	...	...	110
11.	Lungs	...	...	...	...	321
12.	Developmental—					
	(a) Hernia	...	...	...	...	10
	(b) Other	...	...	...	...	10
13.	Orthopaedic—					
	(a) Posture	...	...	...	...	27
	(b) Flat Foot ..	...	...	...	...	112
	(c) Other	...	...	...	...	209
14.	Nervous System—					
	(a) Epilepsy	...	...	...	...	2
	(b) Other	...	...	...	...	42
15.	Psychological—					
	(a) Development	...	...	...	...	68
	(b) Stability	...	...	...	...	55
16.	Other	...	...	...	...	1,963

TABLE B
SHOWING THE ATTENDANCES AT INDIVIDUAL
SCHOOL CLINICS

Clinic.	New Cases.	Attendances. All cases.
Alston	46	94
Aspatria	176	595
Brampton	180	731
Carlisle	82	175
Cleator Moor	416	1,177
Cockermouth	190	1,061
Egremont	220	589
Frizington	484	1,275
Maryport	306	1,374
Millom	449	1,417
Penrith	356	1,425
Whitehaven (Sandhills Lane) ...	443	1,831
Whitehaven (Woodhouse) ...	370	1,605
Wigton	166	471
Workington	951	4,227
Totals ...	4,835	18,047

TABLE C
SUMMARY OF CASES SEEN AT THE SCHOOL CLINICS
DURING THE YEAR

Condition for which child attended.	New Cases.	Attendances.
General Condition	532	2,551
Eye Diseases	732	2,276
Skin Diseases	1,062	4,107
Nose and Throat Conditions ...	329	787
Ear Conditions	231	1,839
Enlarged Cervical Glands	37	101
Heart and Circulation	55	246
Lungs (Non-Tubercular)	128	623
Lungs (Tubercular or Suspected)	43	228
Tuberculosis (Non-Pulmonary) ..	8	71
Nervous System	57	134
Uncleanliness	258	1,298
Other Defects and Diseases ...	1,223	3,434
Deformities	121	314
Developmental	19	38
Totals ...	4,835	18,047

Total individual children attended, 5,183.

TABLE D

SHOWING THE WORK CARRIED OUT BY THE NURSING
STAFF IN FOLLOWING UP DEFECTS

Condition.	No. of cases.	No. of visits paid.
Eye Conditions	—	—
Skin Diseases	3	5
Nose and Throat Conditions ...	267	712
Ear Conditions	—	—
Heart and Circulation	1	1
General Cases	10	25
Totals ...	281	743

Uncleanliness.

The school nurses made 99,631 examinations of children for verminous conditions and uncleanliness, and of this total 1,780 children were adversely reported on. In this connection, and in connection with cases of uncleanliness discovered at the routine inspections, the school nurses paid 1,365 visits to the homes of the children, in addition, of course, to a very large amount of treatment undertaken at the school clinics.

TABLE E

SHOWING ORTHOPAEDIC TREATMENT UNDERTAKEN
DURING THE YEAR

Number on Aftercare Register at 1/1/51 ..	592
New cases during 1951	306
Cases re-notified after previous discharge ...	29
Number removed from Register	194
Number on Register at 31/12/51	733
Attendances at Surgeons' Clinics	726
Attendances at Intermediate Clinics	1,202
Home Visits by Orthopaedic Physiotherapists ...	112
Plasters applied	63
Surgical Boots & Appliances supplied and renewed	138
Cases receiving Hospital Treatment during 1951 ...	34
Cases Awaiting Admission to Hospital, 31/12/51	27
X-Ray Examinations during 1951 ..	69
Awaiting X-Ray	23

TABLE F

SHOWING VARIETIES OF ORTHOPAEDIC CONDITIONS

Flat Foot	278
T.B. Joints	35
Congenital Defects	26
Injuries (including Fractures)	28
Poliomyelitis	43
Scoliosis, Kyphosis and Lordosis	20
Knock Knees and Bow Legs	156
Club Foot	10
Osteomyelitis	5
Cerebral Palsy	26
Congenital Dislocation of the Hip	21
Torticollis	8
Pseudo-coxalgia	18
Postural Defects	111
Hallux Valgus and Deformed Toes	41
Paralysis and Birth Injuries	8
Pes Cavus and Talipes	43
Achondroplasia	3
Muscular Dystrophy	5
Spina Bifida	5
Rheumatism and other Joint Conditions	11
Other Conditions	27
Total	928

The above tables refer only to children of school age. The statistics for children under school age, and persons over school age, are dealt with in the general report on the Health Services.

The statistics vary considerably from the previous year. The total number on the orthopaedic register at the end of the year was one hundred and fifty higher than at the end of 1950. This was no doubt due to the fact that three hundred and six new cases attended, compared

with just over two hundred during the previous year. The attendances at the intermediate clinics, i.e., those conducted by the orthopaedic-physiotherapists, rather more than doubled.

During the year Miss B. M. Summerson joined the staff as a second orthopaedic-physiotherapist, with duties mainly in West Cumberland. This appointment was made in response to an approach from the Special Area Committee with the object of assisting to relieve the hospital out-patient clinics of some of the prevailing congestion and with the object of increasing the co-operation between the hospital and local health authority services in this particular matter. Although over three hundred new cases attended during the year, the comments I have made in previous years still apply. The great majority of these new cases were in the groups of postural defects, or of minor defects, such as flat foot, bow legs and knock knees. These defects, with the advent of a second orthopaedic-physiotherapist, are now receiving much more attention than was formerly possible, as the increased attendance at the intermediate clinics testifies. It is, however, a matter of regret that more serious orthopaedic defects, particularly among school children, do not come—other than exceptionally—to our clinics.

The answer may be that these more serious types of new cases do not, in fact, now exist in any numbers. One would hope that this may be the answer, and certainly our intensive work in orthopaedics over the last thirty years in this county should mean at least that we have no arrears to make up, but I suspect that the chief reason is that the practitioners now refer their more important cases direct to the hospitals. If this is the answer, it is rather a pity and difficult to understand, because the county orthopaedic service has served the practitioners well in providing treatment for their more important orthopaedic cases, especially among school children, over the thirty years in question, and any cases referred to our clinics would be seen by exactly the people who will see and deal with these cases in hospital. I think there must have been many long journeys to hospital by parents and children which were really unnecessary, in that a visit to one of our clinics, so to speak just round the corner, would have achieved exactly the same result in bringing the cases to the notice of an orthopaedic specialist.

We are most anxious to develop co-operation with the hospital orthopaedic services, by helping in the supervision of cases to be decanted home in plaster at various stages of treatment, and in other ways. At the moment we only have some six cases under supervision at home in plaster, five cases of tubercular joints and one of severe bow-legs. We ought to be able to do much better than that, if the cases are only referred to us. I can remember the time when Miss Nelson, working alone and covering the whole county, had sometimes thirty cases under supervision at home in plaster, and the whole object of appointing a second orthopaedic-physiotherapist will be by-passed unless adequate use is made by the hospitals of our orthopaedic-physiotherapy staff.

Meantime the position is that our orthopaedic clinics are in the main being maintained by new cases of postural, or minor, or comparatively minor defects, referred to the clinics by members of our medical staff. In a way this is a good thing, because these postural defects, both from the aesthetic and the occupational point of view, are in their own way important, and to get them under regular treatment early—and with two orthopaedic-physiotherapists now working that is being attained—is a good thing.

TABLE G

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers—				
(a) Periodic Age Groups	...	...	12,382	
(b) Specials	...	...	3,265	
Total (1)	...	...	15,647	
(2) Number found to require treatment	...	...	10,729	
(3) Number referred for treatment	...	...	9,653	
(4) Number actually treated	...	...	9,353	
(5) Attendances made by pupils for treatment	...	...	17,251	
(6) Half-days devoted to—Inspection	..	...	190	
Treatment...	...	...	1,710	
Total (6)	...	...	1,900	
(7) Fillings—Permanent Teeth	...	...	4,467	
Temporary Teeth	...	...	586	
Total (7)	...	...	5,053	
(8) Number of Teeth Filled—Permanent Teeth	...	...	4,342	
Temporary Teeth	...	...	585	
Total (8)	...	...	4,927	
(9) Extractions—Permanent Teeth	...	...	1,773	
Temporary Teeth	...	...	11,650	
Total (9)	...	...	13,423	
(10) Administration of general anaesthetics for extractions	...	...	1,702	
(11) Other Operations—Permanent Teeth	...	...	4,095	
Temporary Teeth	...	...	192	
Total (11)	...	...	4,287	
Orthodontic Appliances—Removable	...	...	228	
Fixed	...	...	50	
Metal Inlays	...	...	7	
Crowns (Dowel)	...	...	2	
“(Post)”	...	...	3	
Dentures	...	...	68	
X-Ray Examinations	..	...	148	

The Senior Dental Officer (Mr. A. C. S. Martin) makes the following comments :—

“ Staffing conditions have still further deteriorated during the year under review, so that the position now is even worse than at the end of 1950. During September Mr. A. Fielding left the staff on being appointed senior dental officer at Barrow. This left no alternative but to close down the clinics in part of the county, except for emergency treatment for relief of pain. The position then became—

Egremont, Cleator Moor and Frizington: Closed down, emergency cases being treated at Whitehaven.

Millom: Sessions at intervals for emergency treatment only.

Whitehaven: Four sessions weekly, which are required for emergency treatment.

Workington: Grammar and Technical Schools: Two sessions weekly for emergency treatment only.

Maryport: Two sessions weekly, mostly for emergencies.

Rest of the County: Covered with regular clinics doing routine inspection and treatment, but on a much reduced scale.

“ It may seem unfair to continue routine work in some parts while others have none, but it has to be realised that the available service has been gradually extended until a point has been reached where further spreading out would result in complete failure to accomplish any tangible results. While it must be admitted that any form of discrimination is most regrettable, it is only by this means that the children in any part of the county can be kept reasonably fit dentally. At the same time it must be emphasised that in a widely spread area such as Cumberland much time may be lost in travelling long distances to maintain isolated clinics such as Millom, thus reducing still further the time available for treatment. There is surely no question that this time can be more profitably employed in the way indicated above.

“ The position slightly improved in September by the appointment of Mrs. A. J. Jones, L.D.S., on a part-time basis of four sessions per week, this being devoted to

Wigton. It may be added that two further part-time appointments were made early in 1952, another eight sessions being made available weekly.

“To say the least, this is a depressing state of affairs, but at the time of writing there would appear to be a tendency for more staff to become available, as some assistants in general dental practice seem to be becoming interested in the dental services of local authorities. It is hoped that a more cheering position may have materialised before another annual report becomes due.”

TABLE H

CHILDREN IN SPECIAL SCHOOLS

Name of School.	Girls.	Boys.
Royal Victoria School for the Blind, Newcastle	—	1
Yorkshire School for the Blind, Doncaster	1	1
Royal Normal College for the Blind, Rowton Castle, near Shrewsbury ...	—	1
Chorleywood College for the Blind ...	2	—
Northern Counties' School for the Deaf and Dumb, Newcastle	3	4
Royal Cross School for the Deaf, Preston	—	5
Boston Spa Institution for the Deaf ...	1	—
Colthurst House for Epileptics, Warford, Cheshire	—	1
Maghull Home for Epileptics, Liverpool ...	1	—
Saint Francis School for Boys, Hooke, Dorset	—	1
Hesley Hall School for Physically Handi- capped, Tickhill, near Doncaster ...	—	1
Derwent Cripples' Training College, Oswestry	—	1
Ian Tetley Memorial Home, Killinghall, Yorkshire	—	1
Preston School for Partially Sighted ...	—	2
Salmon Cross School, Lonesome Lane, Reigate, Surrey	1	—
	9	19
	—	—

CHILD GUIDANCE

The number of Child Guidance Centres remained unaltered, but the location of the Maryport Centre was changed to more suitable premises at the County Clinic in November.

The position with regard to these three Centres is set out below:—

	Carlisle. 1	Maryport. 1	Whitehaven. 2	
Sessions per week ..				
STAFF :				
Psychiatrist	{ Dr. Braithwaite Dr. Stuart.	Dr. Ferguson.	Dr. Ferguson.	
Educational Psychologist .	Miss Burrows.	Miss Burrows.	Miss Burrows.	
Psychiatric Social Worker	Miss M. Lamb.	Miss Taylor. (to July)	Mrs. Campbell (to June)	
Cases remaining on Register at Jan. 1, 1951 ..	19	15	23	Totals 57
New cases referred during year by—				
School Medical Officers	4	8	25	37
General Practitioners ..	6	1	11	18
Schools	4	—	6	10
Prob'n Officers or Courts	2	—	6	8
Parents	2	—	5	7
Children's Officer ..	5	—	1	6
Others	2	—	5	7
Cases re-opened during year	3	—	—	
Total Cases on Registers during year	47	24	82	153
Cases dealt with and closed	26	13	41	80
Cases remaining under treatment at 31/12/51	19	10	28	57
Cases awaiting treatment at 31/12/51	2	1	13	16
	47	24	82	153
Interviews by Psychiatrists :				
(a) With child	86	59	98	243
(b) With parent	75	32	188	295
Interviews by Psychiatric Social Workers :				
(3) At homes	28	10	73	111
(b) At Clinics	54	39	59	152
(c) Others	3	—	—	3
Interviews by Educational Psychologist :				
(a) Tests	26	8	37	71
(b) Play therapy, remedial teaching or interviews with child	—	42	140	182
(c) School visits	21	9	30	60
(d) With parent at home or clinic	—	2	15	17
Total attendances ..	164	102	281	547

All the psychiatrists and the remaining psychiatric social worker are seconded for part-time duty at the child guidance centres by arrangement with the Regional Hospital Board.

The child guidance service, though primarily curative in character, should be regarded as essentially a preventative service. This branch of work, perhaps more than any other school health function, depends for its results on successful team work, the team consisting of psychiatrist, educational psychologist and psychiatric social worker.

Since June at Whitehaven (when Mrs. Campbell had to relinquish her part-time appointment for domestic reasons) and since July at Maryport (when Miss Taylor left to take a course of training as a psychiatric social worker) these centres have been without the service of a social worker, either trained or untrained. The result is obvious—the visits to children's homes, which are necessary in the first place to provide a sociological background to the case and later to establish and maintain the parental co-operation which is so very essential, just cannot be made. Other members of the team are already too over-burdened to take over the additional visiting, and a number of cases have had to be closed because the co-operation of parents was either not established or was lost because of the absence of personal contact through the psychiatric social worker.

Advertising the vacant position of psychiatric social worker has so far produced not a single application. The fact is, of course, that the demand for trained psychiatric social workers by far exceeds the supply, and even newly qualified workers in this field can virtually choose their habitat. A further attempt will be made at the time when the 1951/52 training courses are nearing completion, to fill the vacancy, but I am not hopeful of any success.

With staffing difficulties in mind, it is particularly encouraging to note the development of the service, especially in West Cumberland. The total number of new cases referred during 1951 was roughly the same as in 1950 (93 as against 91), but the cases referred to the Whitehaven Centre during the year total more than twice the corresponding figure for 1950 (59 as against 29). Another noteworthy feature is the number of children brought to the centres directly by their parents.

The number of children awaiting treatment continues to increase, and there exists a sufficient demand for the number of centres to be increased to provide a full-time service in the county if premises, but more particularly if staff, were available. The only step which can be taken in the near future in extending the service to meet this increasing demand upon it, is the opening of a centre at Millom for one whole day per month in substitution for one of the half-days at Maryport. This will be done it is hoped early in 1952.

SPEECH THERAPY

Miss Chapman submits the following report on her work :—

“Speech Therapy has been carried out in Cumberland in 1951 as planned. From January to November clinics were held in Carlisle, Penrith, Wigton, Aspatria, Maryport, Workington and Whitehaven. In October, 1951, the county was fortunate in obtaining the services of a second speech therapist (Miss McAlister), enabling us to divide the county and to cover appreciably more cases. Miss McAlister took over the west of Cumberland, commencing her work there a few weeks before Christmas. In this area clinics are held in Whitehaven, Workington, Egremont and Millom. This, of course, automatically abolished the extremely unsatisfactory fortnightly treatments which I previously held in Whitehaven. It also allowed more time to visit schools, an important item which up to that time had been sadly neglected. From November to the end of January, 1952, clinics were held in East Cumberland in Carlisle, Penrith, Wigton, Aspatria and Maryport. At the beginning of February, 1952, a clinic was opened in Keswick and an extra half-day session was held in Carlisle, Penrith and Wigton.

“Alston has presented a problem regarding the establishment of a speech clinic. Owing to its isolated position and the obvious difficulties of reaching it under bad weather conditions, it has been decided to leave this area until the spring, when I will arrange to pay a visit approximately every three weeks.

“Throughout Cumberland, in 1951, 98 cases were treated: 11 of these were discharged with cured speech, 3 left the district, and 4 failed to attend the clinic regularly.

	Defect.	Girls.	Boys.	Total.
	Stammer	13	35	48
1.	Dyslalia	16	16	32
	Stammer & dyslalia	—	2	2
2.	Idioglossia	1	4	5
3.	Pharyngeal 'S'	—	3	3
	Retarded speech	1	1	2
	Voice disorder	—	1	1
	Cleft palate	1	—	1
	Hard of hearing	—	1	1
	Mentally retarded	1	—	1
4.	Alalia	—	1	1
5.	Dental sigmatism	1	—	1
				98

1. One sound substituted for another, e.g., 'f' for 'th', as in 'fumb.'
2. An exaggerated form of dyslalia when practically every sound is substituted for another one.
3. 'S' is said with breath-stream directed down the nose instead of through the mouth.
4. No speech, or very little speech.
5. Lisp.

"Four adults have had treatment throughout the year.

"The higher percentage of boys attending the clinics is noticeable again this year.

Discharged Cases :

	Defect.	Girls.	Boys.	Total.
	Stammer	1	3	4
	Dyslalia	3	4	7

11

"Discharged cases are asked to attend the clinic six months after the date of discharge.

"Two more cases have been discharged since the New Year. One case had a stammer, the other one a very severe pharyngeal 'S.'

"Two cases have been referred to me with repaired cleft palates. In each case, however, a small hole has been left in the anterior part of the hard palate, which is resulting in food and fluid regurgitating into the nose and naso-pharynx. Both cases are of pre-school age and have been referred back to the Royal Hospital for Sick Children, Edinburgh. They will in due course attend the speech clinic.

"I have noticed more and more in my work that one so often has to give guidance to the mother in order to obtain a satisfactory result from the child. I would like to illustrate a case which is found only too often in the clinic. The mother starts to talk as soon as I am in sight ; any questions I direct to the child are answered immediately by the mother. She even exerts her lingual enthusiasm to go as far as asking the child a question, and just as he is anticipating speech, provides the answer herself. Different children will each react differently to this situation, but there are two main alternatives. Either a child, knowing his mother will answer for him, becomes quite naturally lazy about speaking—he may even assume there is little need for speech at all in the world he lives in—or he becomes an extremely frustrated child never being able to answer for himself, and ever endeavouring to speak before his mother does. A stammer therefore develops.

"In such cases it is obvious that the mother must be made to understand the situation, tactfully and clearly, and asked to co-operate in every way possible before treatment can have any effect on the child.

"Finally, a problem arose last year which may be of interest. A child was referred to me with a very bad stammer. This child was ten years old : I realised within a few weeks that he was unable to read. Also at times he refused to wear his glasses, because he said he ' did not like them.' This reluctance may well have been connected with his inability to read. The question arose as to whether to teach the boy to read first and then attempt to cure his stammer, or cure the stammer and then teach him to read. Also, what was the cause of either? Was he stammering because he was unable to read, or was he unable to read because his stammer was so bad? After some investigation in the school and at home, the conclusion was reached that his inability to read was causing him to stammer. Therefore with extra tuition at school and a weekly lesson with me he was taught how to read and slowly his speech began to improve."

SCHOOL MEALS

Although there was a further steady expansion in the service of meals to the smaller rural schools throughout the year so that, by the end of the autumn term 1951, children in attendance at 271 schools and departments out

of a total of 284 were able to enjoy the benefit of a hot dinner, the actual percentage of children taking meals showed a slight decrease compared with last year's figure. On a check day in October 1950, 64.38% of the children in attendance at school were served with a mid-day meal, but by October 1951, despite a very considerable expansion in the service, the percentage had fallen to 62.79% and consumption showed a decrease of some 160 dinners a day. The total number of dinners served on a day in October 1951 was 19,006. The decrease is probably attributable to the decision of the Ministry of Education to increase the charge per dinner from 6d. to 7d. from 1st April 1951.

Although no new canteen building at existing schools was commenced during the year, because of restrictions on capital expenditure, several canteens for which contracts had been let prior to October 1949 were completed and taken into use. These included standard kitchens at Nenthead, Hallbankgate and Hesket-New-Market Schools and standard kitchen-dining rooms at Irthington, Hethersgill, Rockcliffe, Waverton, Torpenhow, Ireby, Castle Carrock, Allonby and Westnewton Schools. The opening of a new canteen at Westnewton School superseded the previous temporary arrangements.

The ban on new canteen building continues, but the service has been extended by supplying meals from central kitchens or self-contained canteens not working to the limit of their capacity to neighbouring schools which were still without dinners and serving the meals either in the schools themselves or in suitable rented accommodation. Schools provided with dinners in this way were Caldbeck Upton, Newton Arlosh, Oulton, Uldale, Mungrisdale, Hutton Roof, Talkin, Castle Sowerby, Hayton C.E., Hayton County and Fingland.

Kitchen-dining rooms in the new secondary schools at Kells, Lairthwaite and Wigton and in the new primary schools at Cleator Moor and Seascale opened during the year, but only in the case of Seascale did this represent any extension of the service of dinners, since children attending the other schools had previously been served with dinners in alternative premises. The first instalment of Irthing Valley Secondary School, Brampton, was also taken into use during the year but, as the kitchen and

dining accommodation is included in the second instalment, temporary arrangements had to be made to convey dinners from Wigton Central Kitchen and to serve them in a school cloakroom suitable adapted for use as a temporary dining hall.

The new Central Kitchen at Stainburn, which was completed and taken into use in the early Autumn, is a great improvement on the old ex-Ministry of Food Cooking Depot which it replaces. Work is now in progress on the erection of a new Central Kitchen at Whitehaven to replace a similar sub-standard former Ministry of Food Cooking Depot at Hensingham.

MILK IN SCHOOLS

A check taken in October 1951 shows that, of the 30,268 children present in all schools and departments, 23,534 were taking milk. These figures indicate that 77.7% of our children are drinking milk, as against last year's figure of 79.5%.

The following table shows the percentage of different grades of milk being supplied to schools at the end of 1951, the corresponding figures for 1950 being shown in brackets :—

Type.				Percentage.	
Pasteurised	...	...	...	46	(45)
Tuberculin Tested	...	...	...	38	(37)
Ungraded	...	...	...	7	(9)
Attested	...	...	...	5	(5)
Accredited	...	...	...	4	(4)

At the end of the year 12 small rural schools, as against 14 in 1950, were without a regular supply. Efforts to find suppliers who are willing to undertake deliveries to these schools have so far been unsuccessful.

PHYSICAL TRAINING

I am indebted to the Chief Organisers of Physical Education — Miss Kathleen Sutton and Mr. Lionel Heyworth—for the following report on physical activities during the year :—

“The life of the school child is largely influenced by the activities in which he participates, not only in school

itself but also in the many fields of sports and hobbies which are directly or indirectly associated with the school curriculum. Cumberland teachers, realising the importance of this aspect of the child's development, aim at extending the number of activities within the physical education scheme, particularly at the secondary stage, to include those pastimes which are likely to appeal to him and which he can follow when he leaves school. With the broadening of physical education in the secondary school comes the opportunity of selecting and developing activities according to inclination and special bent.

"The foundations for such development are laid in the primary school, where the child gains skill and confidence in, and masters the basic technique leading up to, major activities which are taught in the secondary school.

"These major activities, carried over into the voluntary field, have included athletics, where Cumberland showed notable prowess at the inter-county championships held at Southampton by gaining first place in the 220 yards senior, putting the weight senior and the javelin intermediate; cricket, where a county schools' cricket association has been formed; dancing, making a lively contribution in school, village hall and on the green; football, being followed in the three codes with increasing enthusiasm, both in county competitions and in inter-county games; gymnastics, with the excellent facilities of the new secondary school gymnasias, being afforded a greater opportunity for expansion at school, in the youth club and in further education; netball, the universal game for girls and women in Cumberland, continuing to be played with the same enthusiasm which marks each successive season; hockey, seeing some development in the range of sticks suitable in size and weight for the infant to the senior stage; tennis, where facilities have been increased by the use of public courts, seeing the needs of coaching being met by courses at Workington and Penrith, 75% of the members gaining the elementary coaching award of the L.T.A.; and finally swimming, where the basic instruction in schools has been followed up in the voluntary field by district and county competitions.

"During the year a number of plans have been prepared for the development of playing fields at new schools, and the authority has appointed a special sub-committee for this purpose. The work on the site at Wigton

Secondary School will begin in the spring, and it is hoped that a number of projects will be carried out in 1952. The authority's officers have continued to give technical help to local authorities and voluntary bodies where these have made application for financial assistance under the Physical Training and Recreation Act, 1937.

“ The schools and voluntary associations of Cumberland are to be congratulated on the outstanding part they played in helping to make the festival year a memorable one. The Cumberland Netball Association, in addition to its usual activities, arranged special meetings throughout the county. These took the form of demonstration matches by the county teams in various centres and a festival rally at Keswick in which fifty schools took part. In the post-school section the Cumberland junior county team was selected to represent the North-West Territory at the South Bank. The first schools inter-county cricket match was arranged against Lancashire at Whitehaven, the Cumberland schools' rugby league played a prominent part in the rugby league festival celebrations at Leeds and the Cumberland and Westmorland wrestling association organised special activities throughout the county to mark the festival year. Boys and girls, gaily attired, from sixteen schools joined in a festival of traditional dance round the old Keswick Moot Hall with the fool, hobby horse and jack-in-the-green attendance, dancing to the strains of a string orchestra.”

MEDICAL INSPECTION RETURNS

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY & SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)

A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:—

Entrants	3,325
Second Age Group	2,871
Third Age Group	2,479
Total	8,675

Number of other Periodic Inspections —

Grand Total 8,675

B—OTHER INSPECTIONS

Number of Special Inspections 15,047

Number of Re-Inspections 3,820

Total 18,867

C—PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC
MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING DENTAL DISEASES AND INFESTATION
WITH VERMIN)

Group (1)	For defective vision (exclud- ing squint). (2)	For any of the other conditions recorded in Table II.A. (3)	Total individual pupils. (4)
Entrants	41	566	602
Second Age Group	188	309	476
Third Age Group	165	157	334
Total (prescribed groups)	394	1,032	1,412
Other Periodic Inspections	Nil	Nil	Nil
Grand Totals	394	1,032	1,412

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Defect Code No.	Defect or Disease	PERIODIC INSPECT'NS.		SPECIAL INSPECT'NS.	
		No. of defects.		No. of defects.	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	62	62	1,100	99
5.	Eyes—				
	(a) Vision ..	394	620	1,051	1,640
	(b) Squint ..	69	86	215	296
	(c) Other ..	74	28	377	72
6.	Ears—				
	(a) Hearing ..	28	35	48	40
	(b) Otitis Media ..	37	51	154	44
	(c) Other ..	28	26	101	23
7.	Nose or Throat ..	350	465	524	669
8.	Speech	18	38	63	60
9.	Cervical Glands ..	23	79	47	82
10.	Heart & Circulation	31	86	79	136
11.	Lungs	85	342	236	662
12.	Developmental—				
	(a) Hernia ..	1	14	9	23
	(b) Other ..	1	46	9	74
13.	Orthopaedic—				
	(a) Posture ..	18	9	9	27
	(b) Flat Foot ..	48	17	64	80
	(c) Other ..	82	114	127	208
14.	Nervous System—				
	(a) Epilepsy ..	—	10	2	16
	(b) Other ..	6	18	36	35
15.	Psychological—				
	(a) Development	13	51	55	138
	(b) Stability ..	15	20	40	39
16.	Other	156	97	1,807	205

B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

	Number of Pupils inspected.	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col 2.	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3,325 ..	1,394	41.9 ..	1,887	56.8 ..	44	1.3
Second Age Group ..	2,871 ..	1,065	37.1 ..	1,747	60.8 ..	59	2.1
Third Age Group ..	2,479 ..	1,159	46.8 ..	1,295	52.2 ..	25	1.0
Other Periodic Insp'ns	—	—	—	—	—	—	—
Total	8,675 ..	3,618	41.7 ..	4,929	56.8 ..	128	1.5

TABLE III.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	99,631
(ii) Total number of individual pupils examined ..	28,182
(iii) Total number of individual pupils found to be infested	1,780
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1—Diseases of the Skin (excluding Uncleanliness, for which see Table III.)

				Number of cases treated or under treatment during the year	
				By the Authority.	Otherwise.
Ringworm—(i) Scalp	4	..	3		
(ii) Body	50	..	—		
Scabies	48	..	—		
Impetigo	256	..	—		
Other Skin Diseases	750	..	—		
Total	1,108	..	3		

GROUP 2—Eye Diseases, Defective Vision and Squint.

				Number of cases dealt with	
				By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	50	..	—		
Errors of Refraction (incl. squint)	1,560	..	—		
Total	1,610	..	—		
Number of pupils for whom spectacles were—					
(a) Prescribed	1,213	..	—		
(b) Obtained	?	..	—		
Total	1,213	..	—		

GROUP 3—Diseases and Defects of Ear, Nose and Throat.

		Number of cases treated	
		By the Authority.	Otherwise.
Received operative treatment—			
(a) For diseases of the ear ..	16	..	—
(b) For adenoids and chronic tonsillitis	733	..	—
(c) For other nose and throat conditions	27	..	—
Received other forms of treatment	55	..	—
Total		831	—

GROUP 4—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	34	..	—
		By the Authority.	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patients' departments ..	927	..	525

GROUP 5—Child Guidance Treatment.

		Number of cases treated	
		In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics ..	137	..	—

GROUP 6—Speech Therapy.

		Number of cases treated	
		By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	98	..	—

GROUP 7—Other Treatment Given.

		Number of cases treated	
		By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	1,325	..	—
Total	1,325	..	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED
OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers—					
(a)	Periodic age groups	..	..	..	..	12,382
(b)	Specials	..	..	..	..	3,265
					Total (1)	15,647
(2)	Number found to require treatment					10,729
(3)	Number referred for treatment					9,653
(4)	Number actually treated					9,353
(5)	Attendances made by pupils for treatment					17,251
(6)	Half-days devoted to : Inspection					190
					Treatment	1,710
					Total (6)	1,900
(7)	Fillings : Permanent Teeth					4,467
					Temporary Teeth	586
					Total (7)	5,053
(8)	Number of teeth filled: Permanent Teeth					4,342
					Temporary Teeth	585
					Total (8)	4,927
(9)	Extractions : Permanent Teeth					1,773
					Temporary Teeth	11,650
					Total (9)	13,423
(10)	Administration of general anaesthetics for extraction					1,702
(11)	Other operations : Permanent Teeth					4,095
					Temporary Teeth	192
					Total (11)	4,287

